**LETTER TO THE EDITOR**

**Working Solo, My First Job**

In 1989, I was the recipient of a New York State Health Corps scholarship. According to the scholarship agreement, I agreed to work for a state-operated facility for 3 years in exchange for receiving $30,000 toward my tuition at an entry-level occupational therapy master's program. Because of the high cost of a graduate school education, I was thankful that such scholarships exist.

Unfortunately, on graduation, my enthusiasm was quickly replaced by anxiety and frustration. Working from the list of eligible facilities provided by New York State, I began to interview for my first job as an occupational therapist. At my graduate school, I was taught the importance of seeking employment in a setting that provides an opportunity for professional growth and that requires that graduates have adequate supervision to become successful clinicians. For 4 months, I searched for a facility where I would not be the sole occupational therapist. The only open positions provided services to children. Because I had not completed a pediatric affiliation or had been exposed to a school setting during my clinical training, I was not anxious to take these positions.

Eventually, I did take such a position but with a part-time therapist available as a resource. After approximately 5 months, the part-time therapist resigned, and I was left to fend for myself. This became a difficult situation for several reasons. First, I felt enormous pressure from the school administrators to limit the amount of students being recommended for occupational therapy services in the face of staff shortages. Second, my caseload consisted of several students with numerous physical, sensory integrative, and cognitive deficits. I treated these students to the best of my ability, but I did not believe that I had adequate knowledge to assist them in reaching their highest level of independence. Third, as the only occupational therapist on staff, all administrative duties related to occupational therapy service delivery automatically became my responsibility. This was in part a positive experience because I enjoyed learning about the legal mandates of school-based therapy and about service coordination. However, I am not convinced that administrative duties were an appropriate responsibility for a new therapist.

Most difficult, however, was my daily internal struggle regarding my role as an occupational therapist. Working in this environment where the conventional medical model occupational therapy practitioner did not exist, I was insecure about the relevance of my goals for an educational setting. Understanding and working within educational systems had not been an objective of my undergraduate curriculum. Yet, I frequently had to explain the importance of occupational therapy services in school settings to staff members and administrators, particularly when staff members equated occupational therapy with adaptive physical education, physical therapy, and teaching.

Throughout this 3-year work experience, I often thought about the ethical implications of my situation. Was it correct to place a new graduate in such a difficult position? Was it fair to the children on my caseload? Did I risk the reputation of the occupational therapy profession? In the final analysis, I determined that this situation was not fair to the children or to myself. Therefore, I notified the appropriate authorities at the New York State Health Corps scholarship program in hopes of rectifying the matter, but this governmental agency was not responsive.

There are several reasons why I am sharing my experience. First, I began to doubt my decision to become an occupational therapist. Frustrated in wanting to help, but lacking the knowledge and confidence in knowing how, I wondered if occupational therapy and I were a match. Second, although this scholarship program, as well as others, enables many students to pursue careers as occupational therapists, I am afraid that the program will continue to place new graduates into settings where they must work solo and without the support of experienced colleagues. As a result, the graduates do not receive the supervision that is crucial when initially entering the field and may not develop the clinical skills needed to grow as occupational therapists. Perhaps the occupational therapy profession should consider mandating a clinical fellowship year similar to the requirement for speech–language pathologists who are initially entering the field. This would ensure supervision for new graduates at the most crucial point in their careers. Although there are some scholarship programs that require the completion of a pediatric affiliation before beginning employment, the responsibility to ensure that all occupational therapy education programs follow similar guidelines should fall on the American Occupational Therapy Association. After all, every occupational therapist in the United States is a direct reflection of the profession as a whole.

I feel fortunate that I recognized these problems and chose to make up for lost time. After this pediatric work experience, I was able to secure a position at a facility where I receive formal supervision. I now work in a supportive environment where my professional skills can be further developed. More importantly, I am more confident about the intervention services that I provide.

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